

[Date]

[Agency Name]

[Agency Address]

To Whom It May Concern:

I am referring [client name], DOB [M/D/Y], to the Coordinated Entry System for housing referral and placement. I am [your name], [& relation to client]. (*i.e. navigator, case manager, etc.*)

[Client name] reports to have experienced homelessness continuously from [M/D/Y] to [M/D/Y] (*or*) [number of times] between [M/Y to M/Y] for a total of [number of months] months in the past 3 years. (*Choose only one option*) [S/He/They is/are] currently homeless and residing at [location]. With the attached* documentation, I can attest that [Client name] is chronically homeless according to the HUD definition.

In addition to [his/her/their] length of time homeless, [client name] has a long-term disability that has been documented by a medical professional and currently has a monthly income of [\$ amount] from [source] (*or*) no monthly income. (*Choose only one option*)

Please contact me at [e-mail &/or phone number] for any additional information needed regarding chronic homeless verification.

Sincerely,

[Staff Name & Signature]

*Additional documentation, including (check all that apply):

- ☐ HMIS Entry/Exit profile print out
- ☐ Chronic Homeless Verification Worksheet
- ☐ Written documentation from additional 3rd party
- ☐ Self-Statement of history of **continual** homelessness for 12 months or more
- ☐ Self-Statement of history of **episodes** of homelessness and **breaks** for 3 years or less
- ☐ Completed Certification of Disability